



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: 36 Phillips			District: 0648 Dodson H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
C	2035	No	Norton, Alice		2.15	



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County:			District:		District Level:	
36 Phillips			0653 Landusky Elem		Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
7	2032	No	Pankratz, Leann		2.55	_____
7	2033	No	Mitchell, Ruth		5.00	_____
7	2034	No	Mitchell, Michelle L		5.00	_____
7	2036	No	Norton, Alice L		2.55	_____



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Date			Signature, Chair, Board of Trustees		
County: 36 Phillips			District: 0657 Saco H S		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
B	2037	No	Barnard, Mary Ann	3.45	_____
B	2038	Yes	Moore, Deborah	2.00	_____
B	2039	No	Barnard, Jodi	3.45	_____



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Date			Signature, Chair, Board of Trustees		
County: 36 Phillips			District: 0659 Malta K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
14A	2027	No	Sims, Terri	0.25	_____
14A	2028	No	French, Conni	21.25	_____
14A	2029	No	Black, Tom & Denise	0.50	_____
14A	2030	No	Darrah, Lona	0.50	_____
14A	2031	No	Darrah, Lona	1.75	_____
14A	2040	No	Blunt, Troy & LaRae	9.25	_____
14A	2041	No	Ereaux, Michael F	9.25	_____



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School District Claim for State Reimbursement for Individual and Isolated Transportation	State <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/>
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Date			Signature, Chair, Board of Trustees			
County: 36 Phillips			District: 1203 Saco Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
12A	2038	Yes	Moore, Deborah		2.00	